



Request for Testing and Tracing information for NPHEE briefing, 1st of July.

Updates have been provided below regarding the following aspects of Testing and Contact Tracing:

- 1) Activity levels across sampling, laboratory testing and contact tracing,
- 2) End-to-end turnaround times,
- 3) Support services for delayed tests,
- 4) Process improvements, and
- 5) Current challenges and issues.

1) Activity levels across sampling, laboratory and contact tracing

Sampling in the community and in acute settings.

Over the past seven days, 24th- 30th of June, there has been over 19,086 swabs taken in the community by Community Operations and the National Ambulance Service and in hospitals. Approximately 8,454 of these were taken in community settings and c.10,632 of these were taken in acute settings.

As well as this, over the past 7 days, a total of 6,329 swabs have been taken as part of the serial testing of all staff in nursing homes. A separate report is being provided summarising progress and results for this testing programme.

Laboratory Testing

There have been over 23,900 lab tests completed in the past seven days. Approximately 12,511 of these tests were processed in community laboratories and approximately 11,389 were processed in acute laboratories. Although it is not currently being utilised, there is laboratory capacity to process over 100,000 tests per week.

Contact Tracing

Last week, a total of 473 calls were made in the Contact Tracing Centres. A total of 89 of these were Call 1s which involved the communication of positive results. A total of 384 calls related to contact tracing.

The average number of close contacts per case over the past seven days is 4.9. The median number of close contacts per case over the last seven days is 2.

2) Turnaround Times

End-to-end turnaround time

The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing is, approximately 1.95 days.

Over the past seven days, there has been an increase in the overall E2E turnaround due to the commencement of Serial testing of all staff in nursing homes. This large complex operation has resulted in an increase in time for swabs to travel from each respective nursing home to the lab destination, therefore marginally increasing the end to end turnaround times which have been seen to date.

Work is underway to report on this median end-to-end turnaround time on the dashboard as the current approach requires manual calculation involving the summation of component parts of the end-to-end process.

Percentage of tests completed within target turnaround time

The percentage of tests completed within the targeted turnaround time ≤ 3 days is ~90%.

Referral to appointment

In the community, the median time for community referral to appointment is 0.8 days.

Swab to lab result

For a swab taken in the community, the median time for community swab to lab result is 1.3 day.

For swabs taken in hospitals, the median time for acute swab to lab result is 0.5 days.

The combined median time from swab to lab result is 1.1 day.

Contact Tracing:

The median time to complete all calls in the past seven days is 1.3 days.

3) Delayed Test Result Search Service for GPs, members of the public and HSE staff.

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GP Search Service

In collaboration with the ICGP, there is now an established email service for GPs whereby GPs can submit their query using a password protected form in respect of a delayed test result (i.e. more than 4 days since test was done).

There have been 709 queries received from GPs between May 14th – June 29th (47 days).

- A total of 81% of these queries were fully resolved within the 24-hour target.

In the last seven days (23rd – 29th June), 31 queries have been received.

- A total of 94% of queries received in the last seven days were fully resolved within the 24-hour target.

HSELive

If a member of the public has been waiting longer than four days for a test result, they can contact HSELive on 1850 24 1850. The HSELive team will take all the required details and will send this information to the Delayed Test Result Search Service. The Search Service will get back to the caller directly and the service aims to complete searches within 24 hours of the @HSELive call.

There have been 3214 queries referred from HSELive between May 3rd – June 29th (58 days).

- A total of 76% of these queries were fully resolved within the 24-hour target.

In the last seven days (23rd – 29th June), 179 queries have been received.

- A total of 88% of queries received in the last seven days were fully resolved within the 24-hour target.

Staff Helpline & Occupational Health

Staff can enquire about their delayed test result via the Healthcare Workers Covid-19 Helpline on 1850 420 420. Occupational Health can also direct queries to the Search Service via the GP email address using a password protected form. For staff, a delayed result is 3 days since the test was done. Results are communicated to both occupational health physician and the staff member.

There have been 383 queries referred from the Staff Info Line between May 26th – June 28th (35 days).

- A total of 80% of these queries were fully resolved within the 24-hour target.

In the last seven days (23rd – 29th June), 8 queries have been received.

- A total of 75% of queries received in the last seven days were fully resolved within the 24-hour target.

4) Update on developments/process enhancements

We continue to work to improve turnaround times, consistency and our end-to-end testing pathway in general. Here are the latest set of enhancements.

Public Health Alignment

Process Overview workshops & interviews have been conducted with all eight Public Health Departments in order to establish areas for improvement, pain points & patterns of work across the

country. Proposed solutions from these workshops and interviews have been presented to the various public health departments, and are now being prepared for implementation

To date, two solution workshops have been held with Public Health (CPHOG) on Public Health Review Site Visit Observations and Solutions. The implementation of these solutions are in train, these include the bulk testing process, COVID Care Tracker enhancements and streamlining of communications.

Four group interviews have been conducted with regional leaders of the Departments of Public Health to outline detailed requirements for the implementation of solutions for streamlining communications. There are a number of validation interviews required to test these findings and once completed this plan will be reviewed and approved for implementation.

Bulk Testing Protocol

A Standard Operating Procedure (SOP) for bulk testing has been developed and is currently undergoing final review. Several of the technical requirements have been put in place with a view to go live and commence on the job training. The bulk testing change and communications plan has been drafted and is currently under review. At present, due to the focus on serial testing, the bulk testing protocol implementation and change and communications plan has been paused.

Lab Engagement and data quality improvements

Key lab engagement is ongoing across labs that are supporting COVID-19 testing. The purpose of this engagement is to identify data quality improvements to support an improvement in turnaround times from appointment referral to result. To date, workshops have been carried out with 13 labs and engagement with labs continues to be scheduled and prioritised. The priority for last week was to ensure that there is sufficient data compliance for private health priority labs so that their data can be uploaded into the tracker.

As a result of ongoing communications and engagement, there has been a significant increase in data compliance for a number of labs, improved data quality is evident for; mobile numbers, result date and classification of result.

The priority for lab engagement this week is to progress with data quality for the following four labs: University hospital Waterford, Cork University Hospital, Galway University Hospital and Letterkenny University Hospital.

5) Update on any key challenges/issues

1. The serial testing of health care workers in nursing homes once a week for four weeks is large and complex logistical operation requiring cooperation, collaboration and coordination across multiple stakeholder group within the HSE (national and regional public health, community primary care, NAS, CTCs, DPO, ICT, Occupational Health and externally with Nursing Homes and NHI. A premium is being placed on maximizing the quality of data captured prior to the commencement of testing at individual nursing homes. The exercise has created work for the nursing homes themselves and taken significant resource within HSE Operations, PCRS, Public Health, CIO, NAS and Testing and Tracing to complete.

2. Anticipating the number of tests that need to be performed on a given week is challenging. Capacity was built-up based on the expectation that the majority of this capacity would be used. Holding this capacity is expensive. The number of tests required has been low in recent weeks, creating the risk that facilities or organisations currently supporting the end-to-end testing process may consider withdrawing or charging us for un-used capacity. This risk may increase as more organisations seek to resume business as usual activities. As a mitigation, work is commencing immediately on the design and implementation of the new model of testing that will run for 12+ months with the aim to have this in place in early September.
3. The proportion of complex cases to routine cases has increased and this is likely to continue as increased mass testing in congregated settings is required as businesses resume. This presents a risk that the demands on Public Health Departments who manage complex cases will increase beyond available capacity. The bulk testing protocol and public health alignment initiatives described above are designed to mitigate this risk.
4. There is a challenge that as the country continues to open and more organisations resume business the number of close contacts per one positive Covid-19 case may increase. From the 19th of May, all close contacts have been referred for testing regardless of whether they are symptomatic or asymptomatic. This process improvement has resulted in a measure that ensures the spread of covid-19 in close contacts is monitored, which will continue to be important as the country continues to open.
5. Ongoing challenges in the global supply chain for swabbing kits, reagent, equipment and PPE, will continue to be a risk. Supply chain monitoring is ongoing, and progress has been made to diversify suppliers and supply chains. Progress continues to be made in securing PPE, however pressure will remain given the global demand for these products.